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P002

PRINTED: 06/10/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL098023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED C 05/12/2015
NAME OF PROVIDER OR SUPPLIER WILSON HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 1800 MARTIN LUTHER KING JR. PARKWAY WILSON, NC 27893			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
C 000	Initial Comments This is a Report of a Complaint Investigation conducted on May 12, 2015 by Greg Cates and Bill Bryant. Records indicate this facility was first licensed or submitted for licensure on 12/01/1986 as a HA. The facility is currently licensed for 142 with a 64 Bed Special Care Unit. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1978 (Revision 5) Edition of the North Carolina Building Code(s), Institutional Occupancy and the 1984 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure. An anonymous complaint was received alleging the following: 1- There are bed bugs present in the facility. 2- The facility has been self-treating. Based on observations and interviews the complaint is SUBSTANTIATED.				
C 000			C 000 Steritech has been providing Heat and chemical treatments, Follow- ups are continuing.		4/4/2015
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by:	C 166	All excessive clothing will be Be stored in storage or Families will take home them.		7/10/2015

CONSTRUCTION SECTION
JUN 23 2015
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Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

William Phelan

TITLE

Executive Director

(X6) DATE

6/12/15

STATE FORM

9799

PKH721

If continuation sheet 1 of 2

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER

WILSON HOUSE

STREET ADDRESS, CITY, STATE, ZIP CODE

1800 MARTIN LUTHER KING JR. PARKWAY
WILSON, NC 27893

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C 166	Continued From page 1 1- Based on observations, the facility has failed to maintain the facility in a clean manner. a- Live bed bugs and/ or signs of bed bugs were found present in the following resident rooms, to include but not limited to: 1- Room 210 2- Room 209 3- Room 205 b- The rooms are in need of a thorough cleaning in order to aid in the detection of pests. 2- Based on observations, the facility has failed to maintain preventative measures that would allow personnel to discover or monitor rooms previously know to have bed bugs. a- In several rooms that have been recently treated for bed bugs, there were not preventative measures identified regarding discovery of any possible outbreak recurrence.	C 166	Upon residents returning From home visits, residents will shower and receive clean clothes. All clothes returned will be dried, launder and dried again. Furniture will not be allowed to be brought to the facility from home. Limited clothes, will be accepted for donations. All donations will be taken thru a three step laundry process. Daily bed checks for signs of bedbugs Will be done, any signs will be reported immediately to ED. A log will be kept of sighting and corrections.	6/1/2015